

**FORM SHSIZE - IDAHO STATE UNIVERSITY  
VERIFICATION OF HOUSEHOLD SIZE  
STUDENT/SPOUSE**

21-22

**SHSIZE-22**

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid ([FAFSA](#)). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)**

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](#)) \*Required

**Tell Us About Your Family Size:**

List the people in your household as of today. Include:

- yourself on line 1
- your spouse (if you have one) excluding a spouse not living in the household as a result of death, separation, or divorce
- your children (if they will receive more than half of their support from you from July 1, 2021 through June 30, 2022. If child is less than one (1) year old, list age in months.
- your unborn child, if that child will be born after July 1, 2021, and will receive more than half of their support from student from birth through June 30, 2022 (if there is a medical determination of a multiple birth, then all expected children can be included)

Include other people only if they:

- now live with AND get more than half of their support from you AND
- will continue to get this support between July 1, 2021 and June 30, 2022.

**NOTE: If you are expecting a baby before July 1, 2022, please attach verification of delivery date.**

	Full Name	Age*	Relationship	Name of College, if attending**
1.	_____	_____	Self	Idaho State University
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

\*If child is less than one (1) year old, list age in months. Do not leave blank. Do not enter 0.

\*\*Must be enrolled at least half-time between July 1, 2021 and June 30, 2022 in a program that leads to a college degree or certificate.

**CERTIFICATION:** The person signing below certifies that all of the information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**